

RECEIVED
JAN 28 2019

CHILD CARE LICENSING UNIT Child Care Licensing Unit
STATE OFFICE PARK SOUTH
129 PLEASANT STREET, BROWN BUILDING, CONCORD, N.H. 03301-3857
TEL. 603-271-9025 OR 1-800-852-3345, EXT. 9025

STATEMENT OF FINDINGS

ISSUE DATE: 01/22/2019

VISIT TYPE: Monitoring

VISIT DATE(S): 12/18/2018

CORRECTIVE ACTION PLAN DUE DATE: 02/12/2019

Morgan Swift, Program Director
Becket Academy - Becket House at Rumney
1765 Route 25
Rumney NH 03266

LICENSE NUMBER: CCRB-06690
LICENSING COORDINATOR(S):
Melanie Smith
Darlene Avery

In accordance with RSA 170-E, the department finds that the program has violated the following statutes and/or rules:

He-C 4001.17(q)(1)(d): REPEAT CITATION

PROGRAM STAFF SHALL COMPLY WITH THE FOLLOWING FOOD SERVICE REQUIREMENTS:
ALL FOODS THAT WILL BE SERVED TO RESIDENTS SHALL BE STORED IN CONTAINERS AT
LEAST 6 INCHES ABOVE THE FLOOR.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

1. Two licensing coordinators observed the following food items on the floor:
 - a. boxes of oranges and apples in the kitchen area; and
 - b. boxes of chips and a large bag of cornmeal in the basement food storage area.
2. A previous corrective action plan, approved by the department on December 28, 2017 states, "The assumption is that the fruit in the boxes on the floor was from a recent delivery. However, we have adjusted our process and all items will be in containers that are higher than 6 inches off the floor."

CORRECTIVE ACTION PLAN

COMPLETION DATE: 12/21/18

We purchased a shelving unit for the kitchen 3 days after the visit for extra storage. We had a house wide meeting to inform them all of the rule and continue to bring up weekly at faculty meetings.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.17(q)(1)(f): REPEAT CITATION

PROGRAM STAFF SHALL COMPLY WITH THE FOLLOWING FOOD SERVICE REQUIREMENTS:
ALL FOODS THAT WILL BE SERVED TO RESIDENTS SHALL BE STORED IN THE ORIGINAL
CONTAINERS OR IN LABELED CONTAINERS DESIGNED FOR FOOD STORAGE.

REG 11 W L D
JAN 28 2018

Becket Academy - Becket House at Rumney Visit Date(s): 12/18/2018

Lic #: CCRB-06690

Child Care Licensing Unit

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

1. Two licensing coordinators' observation that an open bag of flour, sugar, and pasta were found in the kitchen cabinet. The bags were not sealed or stored in a labeled container designed for food storage.
2. A previous corrective action plan, approved by the department on December 28, 2017 states, "BHR has acquired sealed containers for food storage. All opened items will be in sealed containers and labeled."

CORRECTIVE ACTION PLAN

COMPLETION DATE: 12/21/18

We have purchased extra containers to store excess flour, sugar, and pasta that didn't fit in previous jars. All faculty are aware of this rule and we have faculty checking cabinets daily to ensure things are properly stored. We will have extra storage containers on hand.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.15(ai): REPEAT CITATION

ANY CONTAMINATED, EXPIRED OR DISCONTINUED MEDICATION, WHETHER PRESCRIPTION OR OVER THE COUNTER, SHALL BE DESTROYED WITHIN 7 DAYS OF IDENTIFICATION AS CONTAMINATED, EXPIRED OR DISCONTINUED.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

1. Two licensing coordinators' observed two cans of Equate Athlete's foot, expired July 2018 and a can of Tinactin Antifungal, expired February 2018 in the staff office.
2. A previous corrective action plan, approved by the department on December 28, 2017 states, "All old medications were disposed of appropriately. Our supervisory staff will audit all the over the counter medications every Monday to ensure they are within expiration limits."

CORRECTIVE ACTION PLAN

COMPLETION DATE: 1/24/19

All faculty were made aware of this rule and the cabinet will be checked weekly at faculty meetings on Wednesdays. The person responsible will be reminded to go so through supervision. Sticky notes are, and will be now placed on anything close to expiring so they stick out.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

By signing below, I agree to maintain future compliance with the statutes and/or rules cited above.

OWNER/APPLICANT SIGNATURE: Mmm Swift

DATE: 1/24/19

DIRECTOR/PROVIDER SIGNATURE: _____

DATE: 1/1

FOR DEPARTMENT USE ONLY

☒ ***APPROVED (EACH ITEM IN THE CORRECTIVE ACTION PLAN HAS BEEN APPROVED)**

☐ ***DISAPPROVED (A REVISED CORRECTIVE ACTION PLAN WILL BE REQUIRED FOR THE ITEMS MARKED DISAPPROVED IN THE RIGHT HAND COLUMN.)**

LICENSING COORDINATOR: [Signature]

DATE: 2/8/19

FOLLOW-UP:

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